

WHAT REFORM MEANS FOR AMERICAN FAMILIES

Insurance Reforms that Save Families Money

- All lifetime limits on how much insurance companies cover if beneficiaries get sick and bans insurance companies from dropping people from coverage when they get sick are now prohibited. The Act also restricts the use of annual limits in all new plans and existing employer plans this year, until 2014 when all annual limits for these plans are prohibited.
- Going forward, plans in the new Health Insurance Exchanges and all new plans will have a cap on what insurance companies can require beneficiaries to pay in out-of-pocket expenses, such as copays and deductibles.

Financial Relief for Working Families

- Provides tax credits to working families to make sure they can afford quality coverage.
- Tax credits will be provided to small businesses so they can offer competitive, affordable health care to their employees.
- Supports States starting in plan year 2011 in requiring health insurance companies to submit justification for requested premium increases, and insurance companies with excessive or unjustified premium exchanges may not be able to participate in the new Exchanges.
- Cracks down on excessive insurance overhead starting in 2011 by applying standards to how much insurance companies can spend on non-medical costs, such as bureaucracy, executive salaries, and marketing, and provides consumers a rebate if non-medical costs are too high.

Ending the "Hidden" Tax on American Families

- Covers more Americans to reduce cost-shifting that increases premiums for insured Americans. To pay for the medical costs of the uninsured, medical providers pass these costs on to private insurers, which pass them on to families, increasing family premiums by, on average, about \$1,000 a year.

Greater Choices for American Families

- Creates state-based health insurance Exchanges to provide families with the same private insurance choices that the President and Members of Congress will have, including multi-state plans to foster competition and increase consumer choice.

One-Stop Shopping to Put Families in Charge

- Provides standardized, easy-to-understand information through the Exchange on different health insurance plans offered in a geographic region so families can easily compare prices, benefits, and performance of health plans to decide which quality affordable option is right for them.

Extends Dependent Coverage

- Young adults are now permitted to stay on their parents' health care plan until age 26. (This applies to all plans in the individual market, all new employer plans, and existing employer plans if the young adult is not eligible for employer coverage on his or her own. Beginning in 2014, children up to age 26 can stay on their parent's employer plan even if they have an offer of coverage through their employer.) This will help cover the one in three young adults who are uninsured.
- Provides tax credits starting in 2014 for those who cannot afford quality health insurance.

Ends Insurance Company Discrimination

- Insurance companies are now prohibited from denying children coverage based on pre-existing conditions. Going forward, the Act will prohibit insurance companies from denying coverage to all individuals. The Act will also end discrimination that charges beneficiaries more if they are sick and limit the amount an insurance company can increase an individual's premium simply due to their age.
- Access to affordable insurance for uninsured Americans with pre-existing conditions will be provided through a temporary subsidized high-risk pool, which will help protect them from medical bankruptcy. This high risk pool is a stop-gap measure that will serve as a bridge to a reformed health insurance marketplace.

Insurance Security

- Ensures that families always have guaranteed choices of quality, affordable health insurance whether they lose their job, switch jobs, move or get sick, through the creation of Exchanges.

Independent Appeals Process

- This year, ensures consumers in new plans have access to a straightforward and independent appeals process to appeal decisions by their health insurance plan.

Preventive Care for Better Health

- New plans are required to cover prevention and wellness benefits. These benefits will be exempted from deductibles and other cost-sharing requirements. This will help ensure that all children have access to free preventive services.
- Investment in prevention and public health will encourage innovative health care solutions that reduce the incidence of illness and diseases, which are more costly to treat. Preventive care is a key first step towards the development of a healthy and long life, yet 32 percent of kids are

overweight or obese, putting them at risk for conditions such as diabetes and heart disease.

Increases the Number of Primary Care Practitioners

- Provides new investments to increase the number of primary care practitioners, including doctors, nurses, nurse practitioners, and physician assistants.